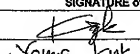


REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	Appl. No. 10/671,017
	Filing Date	September 25, 2003
	First Named Inventor	MI Hyun KIM
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 02292	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> The address associated with Customer Number: 02292 </div> OR <input type="checkbox"/> Firm or Individual Name: 	
Address 	
City 	
Country	State Zip
Telephone	Email
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
Signature	
Name	Young-Kuk Kim
Date	Nov. 21, 2003
Telephone	82-2-546-4437
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.	